

**RESIDENT / HUMANITARIAN COORDINATOR
REPORT ON THE USE OF CERF FUNDS
IRAQ
RAPID RESPONSE
DETERIORATION OF PROTECTION AND HUMAN
RIGHTS ENVIRONMENT 2016**

RESIDENT/HUMANITARIAN COORDINATOR

Lise Grande

REPORTING PROCESS AND CONSULTATION SUMMARY

- a. Please indicate when the After Action Review (AAR) was conducted and who participated.

The AAR meeting was conducted on 01 February 2017, facilitated by OCHA and attended by representatives from IOM, UNFPA, UNHCR and UNICEF. WHO were unable to attend.

- b. Please confirm that the Resident Coordinator and/or Humanitarian Coordinator (RC/HC) Report was discussed in the Humanitarian and/or UN Country Team and by cluster/sector coordinators as outlined in the guidelines.

YES NO

The final draft was shared with HCT members for review on 15 May.

- c. Was the final version of the RC/HC Report shared for review with in-country stakeholders as recommended in the guidelines (i.e. the CERF recipient agencies and their implementing partners, cluster/sector coordinators and members and relevant government counterparts)?

YES NO

The final report was shared with recipient agencies, cluster coordinators and their implementing partners on 15 May.

I. HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)		
Total amount required for the humanitarian response: US\$64,650,000		
Breakdown of total response funding received by source	Source	Amount
	CERF	15,000,602
	COUNTRY-BASED POOL FUND (if applicable)	800,000
	OTHER (bilateral/multilateral)	35,948,387
	TOTAL	51,748,989

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US\$)			
Allocation 1 – date of official submission: 7 July 2016			
Agency	Project code	Cluster/Sector	Amount
IOM	16-RR-IOM-030	Shelter	2,000,000
UNFPA	16-RR-FPA-032	Health	500,000
UNFPA	16-RR-FPA-033	Sexual and/or Gender-Based Violence	500,097
UNHCR	16-RR-HCR-030	Protection	600,011
UNHCR	16-RR-HCR-031	Shelter	3,800,000
UNHCR	16-RR-HCR-029	Camp Coordination and Camp Management	600,000
UNICEF	16-RR-CEF-082	Water, Sanitation and Hygiene	3,000,494
WHO	16-RR-WHO-033	Health	4,000,000
TOTAL			15,000,602

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)	
Type of implementation modality	Amount
Direct UN agencies / IOM implementation	9,363,487
Funds forwarded to NGOs and Red Cross / Red Crescent for implementation	5,299,991
Funds forwarded to government partners	337,124
TOTAL	15,000,602

HUMANITARIAN NEEDS

The humanitarian crisis facing Iraq is extremely complex and volatile, driven by unpredictable waves of displacement. Military operations by the Iraqi Security Forces (ISF) and allied armed groups to retake areas held by the Islamic State of Iraq and the Levant (ISIL) intensified in January 2016, with further significant increases in May and June 2016 during intensive military activity to retake parts of Anbar Governorate, including the cities of Fallujah and Ramadi. As a result, by July 2016 over 160,000 people had been newly displaced along the Anbar and Mosul corridors, in addition to the estimated 3 million Internally Displaced Persons (IDPs) elsewhere across the country.

Fallujah was the first city to fall to ISIL in January 2014. From this point onwards, ISIL actively prevented people from leaving. Humanitarian assistance, including food and medicines, was consistently denied for over a year, creating a dire humanitarian situation inside the city. From late 2015, the city was almost entirely inaccessible. In May 2016 when a new, major military operation to retake Fallujah commenced, an estimated 50,000 civilians were thought to be living in the city. Little was known about their condition, although key informants reported widespread shortages of food, medicine, electricity and safe drinking water.

Following the retaking of Ramadi and other locations in Anbar in January 2016, the Iraqi Security Forces and allied non-state armed groups began to encircle Fallujah on 23 May with coalition air support. By 19 June, according to figures from IOM's Displacement Tracking Matrix (DTM), over 85,300 people had managed to flee Fallujah District for safety, with most IDPs directed towards camps in Ameriyat Al Fallujah, Al Khalidiyah, and Habbaniyah Tourist City. More than 75,000 displaced people from other locations within Anbar were already residing in camps near Fallujah in Ameriyat Al Fallujah, Al Khalidiyah and Habbaniyah. IDPs were also being hosted in local schools and mosques, but over 500 families (3,000 people) reportedly had no shelter at all.

Major efforts were required to provide emergency assistance to the newly displaced, including shelter, water, food, basic household items and health care. With rising temperatures and a lack of shade and clean drinking water, outbreaks of communicable diseases were an enormous risk. There was only limited support for new born babies, and nearly all of the children who had been outside Government controlled-areas had not yet been immunized. The low level of antigens coupled with poor hygiene and sub-standard sanitation also raised the risk of a major cholera outbreak.

The Fallujah humanitarian operation differed significantly from previous operations in Anbar Governorate, whereby the Government had ordered that no IDPs were to be allowed outside of Anbar, forcing them into one of the camps in Ameriyat Al Fallujah, Al Khalidiyah or Habbaniyah. The Government to this day continues to try to deal with the crisis but lacks financial resources, and it is crippled by the ongoing political crisis, which has impacted every single ministry, many of which no longer have acting ministers. Community groups, mosques and others did not provide the same levels of assistance as previously, perhaps because they perceived the Fallujah population as being supportive of ISIL. The bulk of support was therefore required from the UN and front-line partners, who played the leading role in the operation, rather than a supportive one.

II. FOCUS AREAS AND PRIORITIZATION

The overall objective of this CERF allocation was to respond to the humanitarian needs of civilians displaced by conflict in Fallujah and its surrounding areas. This need, estimated as US\$64,650,000, was additional to those needs stated in the 2016 Humanitarian Response Plan (HRP), and was requested based on the following assumptions: a) the caseload would range up to 150,000 people; b) the majority of affected people would be highly vulnerable, suffering from the impact of prolonged food deprivation, prolonged lack of medical attention and complete loss of income; c) the majority of the humanitarian response would be provided by UN agencies and front-line partners with only limited support provided by the Government and national organizations and institutions; and d) the caseload would remain in camps for a minimum of three months and a maximum of six months.

Through the framework of the 2016 HRP, and based on assessments conducted by the recipient agencies, this CERF allocation focused on the pressing humanitarian needs in the locations surrounding Fallujah where the number of displaced and scope of the crisis had out-paced humanitarian capacity. These locations included the following camps: Ameriyat Al Fallujah, Habbaniyah Tourist City, Bzeibiz, Al Khalidiyah, Kilo 7/18, and Al Wafaa/Kilo 60 camp, as well as out-of-camp locations. Contingency stocks were nearly depleted, every agency required funds and there were few front-line partners. The Initial Rapid Needs Assessment (IRNA) conducted between 18 and 19 June 2016 highlighted priorities for response in formal camps and other settlements in the Fallujah area (in particular Ameriyat Al Fallujah, Al Khalidiyah and Habbaniyah) to include the distribution of emergency shelter and non-food items; the provision of food rations and emergency health services; improved protection for the most vulnerable including family reunification, psychosocial support and prevention and response to gender-based violence; the provision of safe water and improvements in sanitation facilities and hygienic conditions, for up to 150,000 affected people.

As agreed by the Inter-Cluster Coordination Group (ICCG) and consistent with the IRNA referenced above and the prior funding request from the CERF, priority needs were identified as being the following:

- **Camp coordination and camp management (CCCM):** This included mapping displacement; assessing potential sites for camps; and strengthening camp management.
- **Emergency shelter and Non-Food Items (NFI):** This included distributing semi-temporary shelter and non-food items; constructing new camps; and installing basic infrastructure in existing camps.
- **Food security:** This included providing minimum food requirements to newly displaced people, including through general food distributions.
- **Health:** This included expanding mobile and static primary health care services including nutritional screening, immunization, reproductive health services, Early Warning and Response Network (EWARN), and medical referrals.
- **Protection:** This included profiling, registering and documenting affected people; providing simple emergency referral pathway cards; providing psychosocial support services; helping victims of and helping prevent gender-based violence; establishing protection service centres; and scaling-up activities for children.
- **Water, sanitation and hygiene (WASH):** This included providing sufficient quantities of clean water for newly displaced families by constructing wells; installing water tanks and water networks; supplying and distributing water storage items (buckets, jerry cans, cool boxes); contracting water trucks; and establishing adequate sanitation facilities. It also included daily cleaning and de-sludging, supply of solid waste receptacles, collection and disposal of solid waste and procurement and distribution of hygiene items.

The CERF contribution complemented a request of US\$800,000 from an emergency reserve allocation from the Iraq Humanitarian Pooled Fund (IHPF) to allow two key humanitarian partners working in Fallujah to rapidly upscale their activities.

III. CERF PROCESS

The Humanitarian Coordinator led the process of defining a strategy for the use of CERF resources in close co-ordination with the Humanitarian Country Team (HCT), Cluster Lead Agencies, the Inter-Cluster Coordination Group (ICCG) and other donors. The emerging situation and priorities for response were discussed at the ICCG meetings on 9, 16 and 23 June 2016, and at the HCT meeting on 21 June 2016. Prioritization was undertaken based on an understanding of the severity of needs on the ground and most time-critical activities to be implemented; an analysis of complementary resources, both immediately available and expected imminently; and a review of capacities on the ground, including partnerships with NGOs, for robust implementation. The Initial Rapid Needs Assessment referenced above included consultations with displaced and other affected people, officials and representatives of NGOs working in the area.

The prioritization process was conducted alongside dialogues with other key bilateral donors to ensure consistency of information and analysis, and overall best use of secured and anticipated resources.

Complementary use of CERF with the country-based pooled fund is outlined below. At its meeting on 22 June 2016 the IHPF Advisory Board led by the HC considered activation of the IHPF Reserve to complement CERF resources in addressing the most critical priorities.

The situation on the ground and emerging response priorities and plans were summarized in a Concept Note shared with the CERF Secretariat on 13 June and a revised version on 15 June 2016. Upon acceptance of the Concept Note, UN agencies and Cluster Coordinators were involved in the elaboration of detailed proposals to ensure alignment within and across clusters within the overall response. A full proposal was then submitted and funding was disbursed shortly thereafter.

Progress with implementation of the CERF-funded activities was monitored through the internal monitoring mechanisms of the fund-recipient UN agencies. Fund-recipient agencies and their implementing partners also provided data to 'Activity-Info', the online database used by the coordination system in Iraq to track projects and activities.

The CERF contribution complemented the US\$800,000 secured in parallel from an emergency reserve allocation from the IHPF to allow humanitarian partners working in Fallujah to rapidly upscale their activities. Discussions at the HCT-level to strategize the response in Fallujah considered both the request made of the IHPF and CERF in parallel to ensure complementarity, and support to all those actors, both UN and NGO, best placed to respond.

The allocation of CERF funds brought urgent attention and visibility to the crisis in Fallujah and confirmed the importance attached to the operation by the United Nations. The allocation was expected to leverage significant contributions from member states. The Humanitarian Country Team highlighted CERF's contribution to their projects through various information platforms and public information products.

Following the completion of the last of the grants on 21 January 2017, an After Action Review meeting was conducted on 1 February to identify key and strategic points to be raised in this RC/HC report and to provide the foundation for drafting the main parts of report.

OCHA subsequently remained in close contact with recipient agencies to ensure the reporting was moving ahead as planned and on 15 May the draft was shared with the HCT for their review and input. The draft was also shared with recipient agencies, partner organizations, cluster coordinators and other relevant stakeholders.

IV. CERF RESULTS AND ADDED VALUE

TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR¹									
Total number of individuals affected by the crisis: 150,000 newly displaced in addition to 75,000 already displaced in area									
Cluster/Sector	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Camp Coordination and Camp Management	6,319	4,212	10,531	4,212	2,809	7,021	10,531	7,021	17,552
Health	65,942	108,153	173,595	44,410	33,300	77,710	110,352	141,453	251,805
Protection	27,070	28,000	55,070	26,500	25,570	52,070	53,570	53,570	107,140
Sexual and/or Gender-Based Violence	5,570	50,392	55,962	n/a	n/a	n/a	5,570	50,392	55,962

Shelter	31,290	17,880	49,170	31,290	8,940	40,230	62,580	26,820	89,400
Water, Sanitation and Hygiene	54,692	54,692	109,384	44,748	44,748	89,496	99,440	99,440	198,880

BENEFICIARY ESTIMATION

There were two main challenges facing the preparation of the beneficiary estimates:

1. The humanitarian crisis was ongoing and ever increasing, which made an estimation of its evolution and final impact on the population extremely complicated.
2. At the time of the assessment, certain areas were not accessible due to security constraints imposed to guarantee the safety of the humanitarian workers.

Additionally, given that all activities were delivered in a common geographical area with beneficiaries being supported with multiple services, every effort was made to avoid double-counting through careful monitoring of activities by implementing partners overseen by recipient agencies, and strengthened by cross-referencing data where possible. For reporting purposes, we selected the estimated beneficiary coverage of the widest-reaching service provided, in this case the WHO-led health intervention.

TABLE 5: TOTAL DIRECT BENEFICIARIES REACHED THROUGH CERF FUNDING²			
	Children (< 18)	Adults (≥ 18)	Total
Female	65,942	108,153	173,595
Male	44,410	33,300	77,710
Total individuals (Female and male)	110,352	141,453	251,805

CERF RESULTS

CERF funds enabled early response to those displaced by conflict in Fallujah, to save lives and protect those at greatest risk of disease and suffering while leveraging the efforts of humanitarian partners to mobilize additional financial resources to cover the growing humanitarian needs. Funds were directed to support the most critical activities in CCCM, Emergency Shelter-NFI, Health, Protection and WASH for the most vulnerable people in formal camps and informal settlements.

For the Shelter/NFI response, CERF funding allowed a coordinated and timely response from both UNHCR and IOM. UNHCR established four new camps each with the capacity of 250 tents, responding to the complex emergency shelter and NFI needs of the 1,000 most vulnerable IDP families (some 6,000 individuals). Funding also allowed UNHCR to distribute 7,000 NFI kits and hygiene kits for 7,000 families displaced from Fallujah and surrounding areas between June and September 2016.

IOM provided vulnerable families with 3,000 family shelter kits, 30 communal shelter kits and 4,300 full NFI kits. Between 15 October and 15 November, IOM distributed 30 communal shelter kits in Anbar Governorate. Another 25 kits were distributed in Ameriyat al Fallujah Camp in Fallujah and five in Khalidiya in Ramadi. During the same period, IOM distributed 1,711 (out of a total of 3,000) family shelter-shading kits in Ameriyat Al Fallujah camp and 1,289 in Khalidiya.

There was a change in the location of the IOM distribution of NFI kits. As the Fallujah situation evolved, a significant portion of the population fleeing from the city were displaced into Salah al-Din. At the onset of the crisis, IOM had already distributed 9,000 NFI kits (secured from other funding) to displaced families from Fallujah within Anbar Governorate and had covered the main NFI needs within the governorate. However, there was a huge NFI gap among Fallujah IDPs within Salah al-Din. Rather than oversaturating the NFI

response within Anbar, IOM redirected 3,300 kits to Tikrit District in Salah al-Din to address gaps there. The remaining 1,000 kits intended for Anbar Governorate in the event of any gaps or new displacement were also shifted to Salah al-Din to cover the largely unmet needs there.

In total, CERF funding supported the provision of shelter/NFI response to the planned 89,400 people.

For the Water Sanitation and Hygiene (WASH) response, The CERF-funded project responded to the immediate WASH needs of displaced people and sought to prevent and mitigate the risk of disease outbreak, thus helping to protect highly vulnerable children and their families. The project ensured complementarity with ongoing activities by members of the WASH Cluster to provide urgent water and sanitation services and hygiene promotion across Anbar for IDPs within the governorate, as well as to IDPs from Anbar moving into Baghdad and Salah al-Din Governorates. In total, CERF funding supported the provision of WASH facilities to 198,880 people, exceeding the planned figure by 50,880 beneficiaries.

In addition to the Fallujah IDPs benefitting from services provided by this project, CERF enabled UNICEF to provide response to Anbar IDPs who were forced to leave facilities in Kirkuk. They moved to Tareq camp (Karama, at the border between Anbar and Baghdad Governorates, near Abu Ghraib District). In addition to the Fallujah caseload, IDPs started fleeing from western areas of Anbar and were received in Kilo 18, northeast of Ramadi; other people formerly displaced from Anbar were forced to return to Fallujah and Ramadi. In addition to this, during the implementation period, IDPs started fleeing north towards Salah al-Din, specifically to Tikrit. Accordingly, UNICEF ensured that as many vulnerable Anbar IDPs as possible were reached with support from CERF funding.

Supporting the Protection response, CERF funding further allowed some 107,140 vulnerable IDPs to be reached through protection monitoring in Ameriyat Al Fallujah, Habbaniyah Tourist City, Bzeibiz, Al Khalidiyah, Kilo 7/18, and Al Wafaa/Kilo 60 camp. Protection monitoring was essential in identifying legal and humanitarian needs and informing protection responses and advocacy initiatives. Moreover, UNHCR delivered legal assistance, including legal representation and procedural legal guidance/counselling, with an emphasis on documentation (ID, birth certificates, etc.) and detention issues, to improve access to legal remedies and rights towards the achievement of relief and durable solutions.

CERF funding also supported two roving mobile teams tasked with identifying and responding to child protection and Gender-Based Violence (GBV) cases. The 22-person teams received specialized training on child protection case management and began conducting missions in November 2016 in the camps for those displaced from Fallujah, in addition to security screening centres.

UNHCR further utilized CERF funding to produce and disseminate 11,957 brochures detailing available services and emergency contact numbers. The brochures strengthened the protection environment of displaced individuals, providing them with a means to access available services provided by humanitarian actors in targeted areas. UNHCR also procured and distributed 4,500 dignity kits through its partner International Rescue Committee (IRC) to families who met the vulnerability criteria. Distribution was conducted between November and December 2016 in the Ameriyat Al Fallujah, Kilo 18 and Khalidiyah camps.

In total, CERF funding supported the provision of Protection services to the planned number of 107,140 people.

For the Camp Coordination and Camp Management (CCCM) response, four mobile teams supported local authorities with the coordination and management of 10 camps and formal settlements and strengthened camp management skills. UNHCR and its partner also worked with community leaders to build their capacity to exercise their roles as leaders and identify needs and resolve issues for each sector. These activities resulted in the establishment or enhancing of existing monitoring/reporting systems for formal settlements; harmonized clear standards on site selection, criteria, typology, and thresholds in the targeted locations; as well as more effective identifying and addressing of vulnerabilities and gaps through collaboration with service providers and respective clusters.

In total, CERF funding supported the provision of CCCM support to the planned number of 17,552 people.

In support of the Health response, WHO was able to establish four health clinics within the IDP camps for those displaced from Fallujah, significantly increasing beneficiary access to health services. Additionally, a national partner was supported to run additional mobile clinics and static clinics in Habbaniyah, Al Salam and Al Nakheb, host to a significant number of IDPs. CERF funding also allowed one emergency polio vaccination campaign (Anbar was later included in the national vaccination campaigns). Additionally, an independent monitoring campaign for government-led immunization was carried out in Anbar Governorate through the Iraqi Red Crescent Society. Expanded Program Immunization (EPI) coverage was greatly improved through this CERF funding.

Additionally, CERF funding allowed for both mobile and static health facilities (run by the Department of Health and NGO partner teams, fixed and mobile) to provide life-saving health services, and they were actively involved in reporting to the EWARN system. Some 80 per cent of alerts were verified within 72 hours and the area kept free from any major outbreaks.

CERF funding also supported UNFPA efforts to deploy a mobile delivery unit, establish a new Reproductive Health (RH) clinic, provide RH kits and supplies to four delivery rooms, one Comprehensive Emergency Obstetric and Newborn Care (CEmONC) facility, three mobile RH teams and three RH clinics in Anbar. The mobile delivery unit was pre-positioned and made available for deployment. Since the access constraints to services were much less significant, especially with UNFPA's support to additional static delivery units and support to all maternity hospitals, the mobile delivery unit was not deployed. A need for the deployment of mobile RH teams in the camps was identified, especially with the rapid and sometimes abrupt expansions of camps (such as in Khalidiyah and Ameriyat Al Fallujah). Women had previously been forced to walk up to 20 kilometres to escape from ISIL, and many suffered miscarriages. The mobile RH teams made it possible for these women to access services and deliver safely.

In total, CERF funding supported the provision of Health support to 251,805 individuals – 101,805 people more than planned. The high number of consultations conducted in the camps can be attributed to the large number of IDPs hosted in the camps and the quality of health provision, which increased the affected population's access to health services.

To support the Sexual and/or Gender-Based Violence (SGBV) response, CERF funding supported the establishment of an SGBV Survivor Centre at Ameriyat Al Fallujah. The centre provided integrated psychological and medical services to survivors, in addition to a referral mechanism for legal support. With CERF support, UNFPA was also able to train and deploy mobile teams of social workers in newly established camps and create four women's safe spaces and support three caravan-based women's community centres. The services were implemented in the camps where IDPs from Fallujah resided. The tent-based safe spaces made it possible for women residing far from the community centre to have access to basic psychological first aid. Those who required further care were referred to the women's community centres, which provide counselling for GBV survivors, or to the Survivor Centre, which also includes a psychologist.

The Survivor Centre is embedded within a UNFPA-supported delivery room in the Ameriyat Al Fallujah camp, which has the highest concentration of IDPs among the camps supporting Fallujah IDPs. It provides specialized psychological and psychiatric services to survivors of GBV. The women's community centres and Survivor Centre are closely linked for referrals and for capacity development of the social workers in the centres. The centres also have referral pathways for legal and protection services.

In total, CERF funding helped provide GBV support to 55,962 women and children – 9,462 people more than planned.

CERF's ADDED VALUE

a) Did CERF funds lead to a fast delivery of assistance to beneficiaries?

YES PARTIALLY NO

CERF funding allowed for a rapid response to a challenging and quickly deteriorating humanitarian situation.

This funding enabled: 1) rapid procurement and distribution of NFIs and construction work on four camps to meet the urgent basic and shelter needs of recently displaced persons; 2) timely protection monitoring and referrals for child protection and GBV cases; 3) brochures informing IDPs of available humanitarian services; 4) life-saving dignity kits for women and girls; and 5) timely strengthening of coordination and management in camps hosting the recently displaced.

Additionally, CERF funding allowed for the establishment of comprehensive Primary Health Care Centres (PHCCs) in the newly established camp in Al Anbar to host the Fallujah IDPs, leaving no gaps at the initial influx of IDPs to the camps. New mobile health services made it possible to rapidly deploy the services wherever there were new IDPs.

However, while IOM was able to deliver crucial assistance to displaced Iraqi families and reach all targets/indicators set in its Shelter/NFI intervention, the response could have been carried out quicker. One noted reason was the late approval of their reprogramming request.

b) Did CERF funds help respond to time critical needs¹?

YES PARTIALLY NO

The military offensive to retake Fallujah and surrounding areas resulted in large numbers of displaced families in need of urgent shelter solutions, humanitarian assistance packages and other basic services. Displacement was outpacing humanitarian capacity, and the lack of government capacity left the UN and other humanitarian actors leading the response. Through CERF funding, recipient agencies were able to rapidly provide NFIs, establish camps, build up CCCM capacity, as well as protection monitoring and child protection/GVB assistance.

Distribution of supplies, and continued support to existing services provided by CERF funds valid from June 2016, provided ongoing access for conflict-affected individuals most in need of essential WASH items. This was crucial to ensure that the needs of those displaced in and from Anbar since March 2016 were met, and that any people displaced from June onwards were reached with a first line of humanitarian response.

c) Did CERF funds help improve resource mobilization from other sources?

YES PARTIALLY NO

CERF funding contributed to a rapid inter-agency response, building upon recipient agencies' use of existing donor contributions to rapidly scale up their interventions. The allocation of CERF funds also brought urgent attention and visibility to the crisis in Fallujah and confirmed the importance attached to the operation by the United Nations. The allocation also supported recipient agencies to leverage significant contributions from member states.

US\$800,000 was secured through an Iraq Humanitarian Pooled Fund (IHPF) Reserve Allocation, as well as other bilateral funding opportunities from ECHO, OFDA and other donors to the sum of approximately US\$36,000,000.

d) Did CERF improve coordination amongst the humanitarian community?

YES PARTIALLY NO

At a strategic level, the Humanitarian Coordinator led the process of defining a strategy for the use of CERF resources in close co-ordination with the HCT, Cluster Lead Agencies, the ICCG and other donors. The emerging situation and priorities for response were discussed at the ICCG meetings on 9, 16 and 23 June 2016, and at the HCT meeting on 21 June 2016.

At an operational level, CERF funding provided an important opportunity for UNHCR and IOM to jointly plan the distribution of NFIs. More broadly, UNHCR worked closely with all agencies involved in the prioritization and implementation of a coordinated effort to address urgent humanitarian needs. CERF funding also allowed for the timely strengthening of coordination and management in camps hosting the recently displaced. WHO also coordinated closely with other partners in establishing the health services to support Fallujah-displaced IDPs by bringing different partners together to ensure the provision of comprehensive packages of health services. UNFPA also closely coordinated with WHO to ensure the attachment of the reproductive health services to the primary health care facilities and ensure easy access for the patients.

¹ Time-critical response refers to necessary, rapid and time-limited actions and resources required to minimize additional loss of lives and damage to social and economic assets (e.g. emergency vaccination campaigns, locust control, etc.).

CERF funds also supported a coordinated WASH response together with other WASH Cluster partners. The UNICEF-led WASH Service Centres (WSCs) significantly promoted coordination among humanitarian WASH actors, thus enhancing field-level monitoring, feedback and information sharing.

e) If applicable, please highlight other ways in which CERF has added value to the humanitarian response

CERF funding was vital in supporting key response gaps to the Fallujah operation amidst an already overstretched humanitarian response. Supporting NGOs through the recipient UN agencies also strengthened partner capacity to respond in Anbar Governorate, the region of Iraq with consistently high levels of need but a lack of partners able to respond.

V. LESSONS LEARNED

TABLE 6: OBSERVATIONS FOR THE <u>CERF SECRETARIAT</u>		
Lessons learned	Suggestion for follow-up/improvement	Responsible entity
Critical time was lost while IOM awaited CERF approval to change the location of NFI distributions (Submission: 15 August, Approval: 26 September). Meeting priority needs requires expedited reprogramming processes.	Faster turnaround of reprogramming requests.	CERF secretariat
The crisis in Iraq is dynamic and priority needs can and do change unexpectedly.	Continued flexibility should be considered in fund allocation in terms of geographical location and activity type.	CERF secretariat

TABLE 7: OBSERVATIONS FOR <u>COUNTRY TEAMS</u>		
Lessons learned	Suggestion for follow-up/improvement	Responsible entity
Due to the ongoing security crisis in Anbar Governorate, and to mitigate these security concerns, recipient agencies and their partners closely coordinated their activities with local authorities and other organizations in order to gain all relevant information about new and developing threats and respond accordingly.	Continued information sharing on new and developing threats and consultation on response modalities.	Recipient agencies, partners and local authorities
The conservative culture in Anbar Governorate makes it difficult to treat/deal with vulnerable women.	Recipient agencies and partners included female staff in protection teams to attend to sensitive cases.	Recipient agencies and partners
It was difficult to reach out to Anbar IDPs seeking refuge in host communities, as well as to those experiencing multiple and frequent displacements.	It is important to engage local communities and NGOs to support the delivery of services to identified IDPs and impacted communities hosting large populations of IDPs.	Gol / MoH / DoH, WHO, UNICEF UNFPA and NGOs
Government engagement	Always engage the Government from the beginning of the process to ensure a good coordination and better response to the real needs.	UNCT

VI. PROJECT RESULTS

TABLE 8: PROJECT RESULTS						
CERF project information						
1. Agency:	UNHCR		5. CERF grant period:	22/07/2016 – 21/01/2017		
2. CERF project code:	16-RR-HCR-029		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Camp Coordination and Camp Management			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Ensuring Responsive and Reliable Camp Coordination and Camp Management (CCCM) in Major Camps in Anbar Governorate					
7. Funding	a. Total funding requirements ² :	US\$2,500,000	d. CERF funds forwarded to implementing partners:			
	b. Total funding received ³ :	US\$600,000	▪ NGO partners and Red Cross/Crescent:		US\$600,000	
	c. Amount received from CERF:	US\$600,000	▪ Government Partners:			
Beneficiaries						
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
Children (< 18)	6,319	4,212	10,531	6,319	4,212	10,531
Adults (≥ 18)	4,212	2,809	7,021	4,212	2,809	7,021
Total	10,531	7,021	17,552	10,531	7,021	17,552
8b. Beneficiary Profile						
Category	Number of people (Planned)			Number of people (Reached)		
Refugees						
IDPs	17,552			17,552		
Host population						
Other affected people						

² This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

³ This should include both funding received from CERF and from other donors.

Total (same as in 8a)	17,552	17,552	
<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	n/a		
CERF Result Framework			
9. Project objective	Provide people who are fleeing conflict with assistance up to minimal standards in formal settlements.		
10. Outcome statement	Provide the population displaced as a result of the latest wave of violent conflict in the central region with dignified assistance in a manner that addresses their distinct needs and a wide range of rights through CCCM approach.		
11. Outputs			
Output 1	17,552 displaced persons accommodated in 10 formal settlements are provided with standardized assistance through CCCM approach		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Number of displaced persons assisted through CCCM mobile teams	17,552	17,552
Indicator 1.2	Number of standardized IDP information database systems established and provided reporting on a monthly basis	10	10
Indicator 1.3	Number of trainings and onsite interventions	200	200
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Establishing four mobile teams	UNHCR/ UNHCR partner	UNHCR/ International Relief and Development (IRD)
Activity 1.2	Identifying cases in need of assistance and referring them to appropriate service providers through the mobile team network	UNHCR partner	IRD
Activity 1.3	Establishing standardized IDP information database systems and reporting of identified needs on a monthly basis	UNHCR/ UNHCR partner	UNHCR/ IRD
Activity 1.4	Provide formal and informal CCCM training and on-the-job support to Government and site Focal Points	UNHCR/ UNHCR partner	UNHCR/ IRD

12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:

n/a

13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:

Verification of beneficiaries through review of ID card issued to IDPs by the Ministry of Migration and Displacement.

14. Evaluation: Has this project been evaluated or is an evaluation pending?

EVALUATION CARRIED OUT

The CCCM cluster has conducted follow-up missions and maintains coordination mechanisms with camp management to affirm the results of activities and provide further support as required.

EVALUATION PENDING

NO EVALUATION PLANNED

TABLE 8: PROJECT RESULTS

TABLE 8: PROJECT RESULTS						
CERF project information						
1. Agency:	UNFPA		5. CERF grant period:	20/06/2016 – 19/12/2016		
2. CERF project code:	16-RR-FPA-032		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Health			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Providing life-saving emergency Reproductive Health services for IDPs from Fallujah					
7. Funding	a. Total funding requirements ⁴ :	US\$500,000	d. CERF funds forwarded to implementing partners:			
	b. Total funding received ⁵ :	US\$500,000	▪ <i>NGO partners and Red Cross/Crescent:</i>		US\$216,609	
	c. Amount received from CERF:	US\$500,000	▪ <i>Government Partners:</i>			
Beneficiaries						
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).						
<i>Direct Beneficiaries</i>	<i>Planned</i>			<i>Reached</i>		
	<i>Female</i>	<i>Male</i>	<i>Total</i>	<i>Female</i>	<i>Male</i>	<i>Total</i>
<i>Children (< 18)</i>	6,150	1,500	7,650	7,442	910	8,352
<i>Adults (≥ 18)</i>	41,850		41,850	44,653		44,653
Total	48,000	1,500	49,500	52,095	910	53,005
8b. Beneficiary Profile						
<i>Category</i>	<i>Number of people (Planned)</i>			<i>Number of people (Reached)</i>		
<i>Refugees</i>						
<i>IDPs</i>	49,500			53,005		
<i>Host population</i>						
<i>Other affected people</i>						
Total (same as in 8a)	49,500			53,005		

⁴ This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

⁵ This should include both funding received from CERF and from other donors.

<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	There were no major discrepancies between the planned and reached beneficiaries.
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CERF Result Framework			
9. Project objective	Provide life-saving emergency Reproductive Health services for IDPs from Fallujah		
10. Outcome statement	Increased access and utilization of reproductive health services by the population recently displaced from Fallujah		
11. Outputs			
Output 1	Increased availability of reproductive health services to an estimated 46,500 women of reproductive age and 3,000 neonate IDPs in Ameriyat Al Fallujah, Khalidiyah and Habbaniyah.		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Number of mobile reproductive health units available for the population newly displaced	5	5
Indicator 1.2	Number of static emergency reproductive health care services in the four newly established IDP camps	1	1
Indicator 1.3	Number of target facilities facing depleted inventory of RH kits and essential medicines for emergency RH services in the next six months	0	0
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Procurement and running of one mobile delivery room. The delivery room will serve women in reproductive age with compromised access to static delivery rooms, due to checkpoints, inability to leave camp, etc. This service will contribute to the reduction of maternal mortality and morbidity in the camps.	UNFPA	UNFPA
Activity 1.2	Operate mobile RH clinic, provided by WHO. This RH clinic will serve women of reproductive age with compromised access to RH clinics, due to checkpoints, distance, inability to leave camp, etc. The service will provide the Minimum Initial Service Package in RH, in addition to the referral to the Basic Emergency Obstetric and New born Care (BEmONC) services (mobile or static delivery rooms).	UNFPA, WHO, United Iraqi Medical Society (UIMS)	UNFPA, UIMS
Activity 1.3	Supporting establishment of one new RH clinic in Al Khalidiyah, within the PHC centre to be established by WHO. This will cover the gap in static RH services, and ensure Minimum Initial Service Package in RH (MISP) is provided in the Al Khalidiyah camp.	UNFPA, WHO, DARY Human Organization (DARY)	UNFPA, WHO, DARY
Activity 1.4	Procurement and deployment of medication in line with emergency RH services (MISP)	UNFPA	UNFPA

	The medication and RH kits will supply the existing services providing the MISP to women in reproductive age (RH clinics, BEmONC)		
Output 2	Increased availability of life-saving CEmONC services		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	Number facilities with all required CEmONC equipment and supplies	1	1
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Procurement of RH kits and other medical commodities needed to meet CEmONC signal functions in Al Khalidiyah hospital. The medication and RH kits will serve the existing services providing the MISP to women in reproductive age	UNFPA	UNFPA

12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:

Through CERF support, UNFPA was able to deploy a mobile delivery unit, establish a new RH clinic, and provide RH kits and supplies to four delivery rooms, one CEmONC facility, three mobile RH teams and three RH clinics in Anbar. The mobile delivery unit was pre-positioned and available for deployment. Since the access constraints to services were much less significant, especially with UNFPA's support to additional static delivery units and support to all maternity hospitals, the mobile delivery unit was not deployed. A need for deployable mobile RH teams in the camps was identified, especially with the rapid and sometimes abrupt expansions in the camps (such as in Al Khalidiyah and Ameriyat Al Fallujah). Some women had walked up to 20 kilometres to escape ISIL, with miscarriages being common among pregnant women. The mobile RH teams made it possible for these women to access services more easily. The mobile teams provided immediate consultations to the new arrivals, which helped relieve the load from the static RH clinic; they also referred cases requiring further medical attention to the primary and secondary facilities. The service providers were trained in the Minimum Initial Service Package for RH (MISP), including psychological first aid.

13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:

Implementation of the project was based on continuous needs assessments. The assessments were community-based and were conducted by UNFPA through field visits to the different camps which hosted IDPs from Fallujah. The primary issues considered during the planning and implementation of the project were the reproductive health needs (particularly reproductive emergencies) faced by the IDPs, their access to supported facilities, both in terms of distance and checkpoints, etc. This guided both project design and implementation to ensure accountability to the beneficiaries and the best utilization of funds. Additionally, with the identified need for psychological and psychiatric support, UNFPA integrated psychological first aid within all its supported services. In one of the delivery rooms UNFPA incorporated a center providing specialized psychiatric services as well as services for survivors of GBV.

14. Evaluation: Has this project been evaluated or is an evaluation pending?

EVALUATION CARRIED OUT

Implementation of the project was based on continuous needs assessments. The assessments were community based and were conducted by UNFPA through field visits to the different camps that hosted IDPs from Fallujah.

EVALUATION PENDING

NO EVALUATION PLANNED

TABLE 8: PROJECT RESULTS

TABLE 8: PROJECT RESULTS						
CERF project information						
1. Agency:	WHO		5. CERF grant period:	26/06/2016 – 25/12/2016		
2. CERF project code:	16-RR-WHO-033		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Health			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Reducing avoidable morbidity and mortality among IDPs from Fallujah					
7. Funding	a. Total funding requirements ⁶ :	US\$9,500,000	d. CERF funds forwarded to implementing partners:			
	b. Total funding received ⁷ :	US\$4,000,000	▪ <i>NGO partners and Red Cross/Crescent:</i>		US\$1,694,453	
	c. Amount received from CERF:	US\$4,000,000	▪ <i>Government Partners:</i>		US\$337,124	
Beneficiaries						
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).						
<i>Direct Beneficiaries</i>	<i>Planned</i>			<i>Reached</i>		
	<i>Female</i>	<i>Male</i>	<i>Total</i>	<i>Female</i>	<i>Male</i>	<i>Total</i>
<i>Children (< 18)</i>	43,000	32,000	75,000	58,500	43,500	102,000
<i>Adults (≥ 18)</i>	50,000	25,000	75,000	63,500	33,300	96,300
Total	93,000	57,000	150,000	121,500	76,800	198,300
8b. Beneficiary Profile						
<i>Category</i>	<i>Number of people (Planned)</i>			<i>Number of people (Reached)</i>		
<i>Refugees</i>						
<i>IDPs</i>	150,000			165,300		
<i>Host population</i>				33,000		
<i>Other affected people</i>						
Total (same as in 8a)	150,000			198,300		
<i>In case of significant discrepancy</i>	Displacement waves continued during the period of this grant implementation within					

⁶ This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

⁷ This should include both funding received from CERF and from other donors.

<i>between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	Anbar and to other governorates of Iraq (Salah al-Din, Kirkuk, Erbil and Dahuk). The number of IDPs exceeded the expectation. The mobile health services expanded access to this support.
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CERF Result Framework			
9. Project objective	Reduce avoidable morbidity and mortality amongst Fallujah IDPs.		
10. Outcome statement	Primary health care and secondary referral services are ensured for a population recently fled Fallujah		
11. Outputs			
Output 1	Access of the estimated 150,000 IDPs in Ameriyat al Fallujah, Khalidiyah and Habbaniyah to front line lifesaving is ensured		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Mobile health services are available for the population newly displaced (5 mobile clinics)	16	16
Indicator 1.2	Comprehensive primary health care services provided for the population in the four camps recently established	60,000	96,000
Indicator 1.3	No stock out of line items medication, mission will be fielded to ensure that there are no stock outs	0	0
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Procurement of 5 mobile clinics to respond to the health needs in areas of new displacement	WHO	WHO
Activity 1.2	Supporting the establishment of two new PHC in Habbaniyah and Khalidiyah	Dary, UIMS	Dary, UIMS
Activity 1.3	Procurement of line items medication in line with the primary health care package agreed upon by health cluster partners+ verification missions to the sites of implementation	WHO	WHO
Output 2	Referral and secondary health services are strengthened to respond to the needs of an estimated 15,000 Fallujah IDPs		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	The hospitals capacity is increased to deal with the new influx of IDPs, more capacity for referral	160 daily	150 daily
Indicator 2.2	Number of ambulances available to transport trauma victims as well as patient in needs from the camps and the informal settlements to the hospitals	18	18
Indicator 2.3	No consumables stock outs are recorded	0	0
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	The hospitals in Ameriyat al Fallujah and Ramadi are supported with medication to respond to the escalated	WHO	WHO

	needs posed by the efflux of IDPs		
Activity 2.2	Procurement of 8 ambulances to support referral care from the four camps to the two hospitals, ambulances will be used to transport the civilians wounded as they are caught in the line of fire as well as victims of mines explosions.	WHO	WHO
Activity 2.3	Procurement of medical consumables	WHO	WHO
Output 3	Risk of communicable diseases and outbreaks amongst the 150,000 IDP population is reduced		
Output 3 Indicators	Description	Target	Reached
Indicator 3.1	Short interval immunisation crash vaccination campaigns launched	3	1
Indicator 3.2	EPI coverage is enhanced amongst IDPs up to 15 years of age	99%	60%
Indicator 3.3	Number of regular water quality checks	1 per week/camp	1 per week/camp
Indicator 3.4	Number of active sentinel reporting sites increased due to the new influx of IDPs	5	15
Output 3 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 3.1	Limited scope and focused vaccination campaigns are conducted	WHO/DoH	WHO/DoH
Activity 3.2	Support emergency immunization in the two newly established PHC	Dary, UIMS, DoH & WHO	Dary, UIMS, DoH & WHO
Activity 3.3	Water quality for chlorine residuals is regularly checked	WHO	WHO/DoH
Activity 3.4	Expanding the existing EWARN and adding five new sentinel sites	WHO	WHO

12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:

In support of the Health response, WHO established four health clinics in the IDP camps, significantly increasing beneficiary access to health services. Additionally, a national partner was supported to run additional mobile clinics and static clinics in Habbaniyah, Al Salam and Al Nakheb, which are also hosting significant caseloads of IDPs. CERF funding also allowed one emergency polio vaccination campaign. An independent monitoring campaign for immunization was subsequently carried out in Anbar Governorate. Expanded Program Immunization (EPI) coverage was improved through this CERF funding, although the target for the governorate has still not been reached because some areas of Anbar Province (Anaa, Routba and Rawa) remain under the control of armed groups.

Additionally, CERF funding allowed for both mobile and static health facilities (run by the Department of Health and NGO partner teams) to provide life-saving health services, and they were actively involved in reporting to the EWARN system. Eighty per cent of alerts were verified within 72 hours, and the area was kept free from any major outbreaks.

13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:

The Directorates of Health (DoH) in Al Anbar, along with national and international partners, were consulted on the needs and gaps in health-service provision based on their own needs assessments, which were complimented by WHO field assessments. WHO, as the provider of last resort, is accountable for not only the affected populations, but also to the DoH and other health cluster partners. The grant scope was expanded to include other governorates hosting IDPs from Fallujah with health needs to ensure best possible service coverage with medications, medical equipment and contract services provision.

Local partners contracted under this agreement employed medical staff from the IDP population to implement the projects. This key element significantly helped in the provision of services to the affected population, facilitating communication and maintaining local values and cultural traditions.

14. Evaluation: Has this project been evaluated or is an evaluation pending?

EVALUATION CARRIED OUT

Monitoring and evaluation is an ongoing process for all WHO and partners activities in Anbar to assess new needs and the quality of regular services.

EVALUATION PENDING

Distribution of medications to partners was done based on their previous consumption rates. The WHO focal point for Anbar conducted regular visits to all supported facilities in addition to reviewing the weekly and monthly reports received by partners and DoH.

NO EVALUATION PLANNED

TABLE 8: PROJECT RESULTS

CERF project information						
1. Agency:	UNFPA		5. CERF grant period:	15/06/2016 – 14/12/2016		
2. CERF project code:	16-RR-FPA-033		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Sexual and/or Gender-Based Violence			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Provide psychosocial and medical response to GBV Survivors from Fallujah					
7. Funding	a. Total funding requirements ⁸ :	US\$1,100,000	d. CERF funds forwarded to implementing partners:			
	b. Total funding received ⁹ :	US\$1,000,000	▪ <i>NGO partners and Red Cross/Crescent:</i>		US\$240,151	
	c. Amount received from CERF:	US\$500,097	▪ <i>Government Partners:</i>			
Beneficiaries						
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).						
<i>Direct Beneficiaries</i>	<i>Planned</i>			<i>Reached</i>		
	<i>Female</i>	<i>Male</i>	<i>Total</i>	<i>Female</i>	<i>Male</i>	<i>Total</i>
<i>Children (< 18)</i>	4,650		4,650	5,570		5,570
<i>Adults (≥ 18)</i>	41,850		41,850	50,392		50,392
Total	46,500		46,500	55,962		55,962
8b. Beneficiary Profile						
<i>Category</i>	<i>Number of people (Planned)</i>			<i>Number of people (Reached)</i>		
<i>Refugees</i>						
<i>IDPs</i>	46,500			55,962		
<i>Host population</i>						
<i>Other affected people</i>						
Total (same as in 8a)	46,500			55,962		

⁸ This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

⁹ This should include both funding received from CERF and from other donors.

<p><i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i></p>	<p>Due to the huge influx and massive displacement at the beginning of the crisis, the reached number of IDPs was higher than targeted.</p>		
<p>CERF Result Framework</p>			
<p>9. Project objective</p>	<p>Provide psychosocial and medical response to women and girls, including GBV survivors from Fallujah.</p>		
<p>10. Outcome statement</p>	<p>First-line medical and psychological services utilized by women and adolescent girls fleeing fighting in Fallujah.</p>		
<p>11. Outputs</p>			
<p>Output 1</p>	<p>Increased availability of first-line medical and psychosocial support for GBV survivors from Fallujah.</p>		
<p>Output 1 Indicators</p>	<p>Description</p>	<p>Target</p>	<p>Reached</p>
<p>Indicator 1.1</p>	<p>Number of static spaces providing psychosocial support to GBV survivors</p>	<p>7</p>	<p>7</p>
<p>Indicator 1.2</p>	<p>Number of GBV survivors' centres providing medical and psychological support to GBV survivors</p>	<p>1</p>	<p>1</p>
<p>Indicator 1.3</p>	<p>Number of dignity kits distributed to women and adolescent girls</p>	<p>4,000</p>	<p>4,000</p>
<p>Output 1 Activities</p>	<p>Description</p>	<p>Implemented by (Planned)</p>	<p>Implemented by (Actual)</p>
<p>Activity 1.1</p>	<p>Supporting the establishment and running of four safe spaces (two in Ameriyat Al Fallujah, one in Habbaniyah and one in Khalidiyah)</p>	<p>UNFPA, Tajdid</p>	<p>UNFPA, Tajdid</p>
<p>Activity 1.2</p>	<p>Supporting the establishment and running of GBV survivors centre</p>	<p>UNFPA, UIMS</p>	<p>UNFPA, UIMS</p>
<p>Activity 1.3</p>	<p>Training of medical and psychological health providers (psychosocial support training for social workers and psychologists, and CMR training for medical providers)</p>	<p>UNFPA</p>	<p>UNFPA</p>
<p>Activity 1.4</p>	<p>Awareness-raising on available GBV services, including GBV risk mitigation</p>	<p>UNFPA, Tajdid</p>	<p>UNFPA, Tajdid</p>
<p>Activity 1.5</p>	<p>Procurement and distribution of 4,000 dignity kits</p>	<p>UNFPA</p>	<p>UNFPA</p>

12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:

CERF supported the establishment of the GBV survivor centre in the Ameriyat Al Fallujah camp. The centre provides integrated psychological and medical services to survivors and referrals for legal support. With CERF support, UNFPA was also able to train and deploy mobile teams of social workers in newly established camps, create four women's safe spaces and support three caravan-based women community centres. The services were implemented in the camps housing IDPs from Fallujah. The tent-based safe spaces made it possible for women residing far from the community centre to access basic psychological first aid, and those who require further care are referred to the women's community centres that provide counselling for GBV survivors or to the survivor centre, which also includes a psychiatrist.

The survivor centre is embedded within a UNFPA-supported delivery room in Ameriyat Al Fallujah camp, which has the highest concentration of IDPs. It provides specialized psychological and psychiatric services to survivors for SGBV. The women community centres and survivor centre are closely linked for referrals and for capacity development of the social workers in the centres. The centres also have referral pathways for legal and protection services.

13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:

UNFPA-supported GBV services are based on needs assessments among the community. UNFPA conducted rapid assessments, as well as supporting safety audits and GBV assessments in the camps to coordinate the best modality for implementation of the different interventions and liaised with other partners. The tent-based safe spaces were located based on rapid assessments and comments from women that the women's community centre is too far from them in terms of walking but also due to the fact that the male members of the families won't let them visit these centres due to the distance. The safe spaces provided an optimal solution by providing spaces within different camps, offering a facilitative and safe environment.

The contents of the dignity kits are assembled based on consultations and focus-group discussions with beneficiaries through the women's community centres and safe spaces.

14. Evaluation: Has this project been evaluated or is an evaluation pending?

EVALUATION CARRIED OUT

EVALUATION PENDING

NO EVALUATION PLANNED

TABLE 8: PROJECT RESULTS

CERF project information						
1. Agency:	UNHCR		5. CERF grant period:	22/07/2016 – 21/01/2017		
2. CERF project code:	16-RR-HCR-030		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Protection			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Protection monitoring and legal assistance provided to displaced population in Anbar District					
7. Funding	a. Total funding requirements ¹⁰ :	US\$2,600,000	d. CERF funds forwarded to implementing partners:			
	b. Total funding received ¹¹ :	US\$2,600,000	▪ NGO partners and Red Cross/Crescent:		US\$600,011	
	c. Amount received from CERF:	US\$600,011	▪ Government Partners:			
Beneficiaries						
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
Children (< 18)	27,070	26,500	53,570	27,070	26,500	27,570
Adults (≥ 18)	28,000	25,570	53,570	28,000	25,570	53,570
Total	55,070	52,070	107,140	55,070	52,070	107,140
8b. Beneficiary Profile						
Category	Number of people (Planned)			Number of people (Reached)		
Refugees						
IDPs	107,140			107,140		
Host population						
Other affected people						
Total (same as in 8a)	107,140			107,140		

¹⁰ This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

¹¹ This should include both funding received from CERF and from other donors.

<p><i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i></p>	n/a		
CERF Result Framework			
9. Project objective	Addressing needs of vulnerable population displaced as a result of recent conflict in Fallujah through protection monitoring and legal assistance.		
10. Outcome statement	Enhanced the survival and immediate sustenance of the most vulnerable victims of the latest wave of violent conflict in the central region in a manner that addresses their distinct needs and a wide range of rights in a targeted, yet flexible, manner.		
11. Outputs			
Output 1	Protection monitoring will identify 13,000 vulnerable IDPs (out of the 107,140 projected) to provide legal assistance and/or referral for appropriate services		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Number of displaced persons assessed through protection monitoring visits	107,140	107,140
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Identification of persons with immediate protection needs	UNHCR/IRC	UNHCR/IRC
Activity 1.2	Development and distribution of awareness brochures	UNHCR/IRC	UNHCR/IRC
Output 2	Monitoring and strengthening child protection and referral network		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	Percentage of reported grave violations and GBV cases monitored and documented	100%	100%
Indicator 2.2	Number of cases of grave violations referred to appropriate services	42,800	42,800
Indicator 2.3	Number of women and girls who benefited from dignity kits	4,500	4,500
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Child Protection and GBV cases in need identified through protection monitoring	IRC/ UNHCR	IRC/ UNHCR
Activity 2.2	Distribution of dignity kits	IRC/ UNHCR	IRC/ UNHCR

12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:

n/a

13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:

Verification of beneficiaries through review of ID card issued to IDPs by the Ministry of Migration and Displacement.

14. Evaluation: Has this project been evaluated or is an evaluation pending?

EVALUATION CARRIED OUT

EVALUATION PENDING

UNHCR and its partner IRC conducted monthly monitoring and evaluation, tracking the number of persons assisted and the quality of the assistance. Additionally, IRC regularly reported urgent incidents to UNHCR as they arose. After preliminary discussions on these items, and follow-up inquiries to gather additional information, IRC and UNHCR often coordinated a response such as a rapid protection assessment (RPA), joint visit or other actions with officials to resolve a situation. The IRC also submitted multiple informal reports in response to ad hoc information requests throughout the implementation period, as well as a final report which summarizes activities implemented. After distributing dignity kits, UNHCR conducted regular post-distribution monitoring through mobile field teams, focus-group discussions and telephone interviews selected through a random sampling method, alongside household visits. This monitoring served to confirm the quality of the items received, that families had indeed received the allocated assistance, and whether they had kept and were using the assistance.

NO EVALUATION PLANNED

In addition, UNHCR conducted financial verification visits throughout the project implementation period, with an aim to monitor IRC's compliance with the Project Partnership Agreement (PPA), including governing clauses, project description, approved project budget, work plan and project personnel list; evaluate whether the performance of the project is proceeding in accordance with the work plan and expected results.

TABLE 8: PROJECT RESULTS

TABLE 8: PROJECT RESULTS						
CERF project information						
1. Agency:	UNHCR IOM		5. CERF grant period:	22/07/2016 – 21/01/2017		
2. CERF project code:	16-RR-HCR-031 16-RR-IOM-030		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Shelter			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Emergency shelter/NFI assistance provided to IDPs fleeing the conflict in Central Iraq, Anbar Governorate					
7. Funding	a. Total funding requirements ¹² :	US\$26,400,000	d. CERF funds forwarded to implementing partners:			
	b. Total funding received ¹³ :	US\$5,800,000	▪ <i>NGO partners and Red Cross/Crescent:</i>		US\$1,200,000	
	c. Amount received from CERF:	US\$5,800,000	▪ <i>Government Partners:</i>			
Beneficiaries						
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).						
<i>Direct Beneficiaries</i>	<i>Planned</i>			<i>Reached</i>		
	<i>Female</i>	<i>Male</i>	<i>Total</i>	<i>Female</i>	<i>Male</i>	<i>Total</i>
<i>Children (< 18)</i>	31,290	31,290	62,580	31,290	31,290	62,580
<i>Adults (≥ 18)</i>	17,880	8,940	26,820	17,880	8,940	26,820
Total	49,170	40,230	89,400	49,170	40,230	89,400
8b. Beneficiary Profile						
<i>Category</i>	<i>Number of people (Planned)</i>			<i>Number of people (Reached)</i>		
<i>Refugees</i>						
<i>IDPs</i>	89,400			89,400		
<i>Host population</i>						
<i>Other affected people</i>						
Total (same as in 8a)	89,400			89,400		

¹² This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

¹³ This should include both funding received from CERF and from other donors.

<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	n/a
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CERF Result Framework			
9. Project objective	Life-saving humanitarian assistance (emergency shelter, NFI kits) is provided to persons displaced as a result of the new military operation in Fallujah.		
10. Outcome statement	The immediate emergency needs of IDPs are met through the provision of basic NFI and shelter interventions		
11. Outputs			
Output 1	7,000 IDP families (42,000 individuals) provided with emergency shelter and NFI support		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Number of camps established	4	4
Indicator 1.2	Number of IDP households accommodated in camps	1,000	1,000
Indicator 1.3	Number of IDP households receiving NFI kits	7,000	7,000
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Camps established	UNHCR	UNHCR/Muslim Aid/Rebuild Iraq Recruitment Program (RIRP)/Iraqi Salvation Humanitarian Organization (ISHO)
Activity 1.2	NFI kits procured, delivered and distributed to 7,000 households	UNHCR	UNHCR
Output 2	4,300 families (approximately 25,800 individuals) provided with emergency NFI support		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	Number of NFIs procured	4,300	4,300
Indicator 2.2	Number of IDP families that received NFI support	4,300	4,300
Indicator 2.3	Percentage of targeted households that are satisfied with NFI distribution as measured through Post-Distribution Monitoring (PDM) (Based on 430 surveyed households out of 4,300)	80%	80%
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Beneficiary selection	IOM	IOM
Activity 2.2	Emergency NFI kits are procured and stored	IOM	IOM
Activity 2.3	Emergency NFI kits are distributed to households	IOM	IOM

	Post-distribution monitoring activities carried out with NFI beneficiaries	IOM	IOM
Output 3	Provided 30 communal shelter shading kits, reaching approximately 600 families (approximately 19,800 individuals)		
Output 3 Indicators	Description	Target	Reached
Indicator 3.1	Number of communal shelter shading kits procured	30	30
Indicator 3.2	Number of communal shelter shading kits distributed	30	30
Indicator 3.3	Percentage of targeted households that are satisfied with provision of communal shelter shading kits as measured through Post-Distribution Monitoring (PDM) (Based on three communities surveyed out of 30)	80%	80%
Output 3 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 3.1	Vulnerability assessment and beneficiary selection	IOM	IOM
Activity 3.2	Contracting of company	IOM	IOM
Activity 3.3	Installation of communal shading kits	IOM	IOM
Activity 3.4	Post-Distribution Monitoring activities carried out with shelter beneficiaries	IOM	IOM
Output 4	3,000 families (approximately 18,000 individuals) provided with communal shelter shading kit		
Output 4 Indicators	Description	Target	Reached
Indicator 4.1	Number of communal shelter shading kits procured	3,000	3,000
Indicator 4.2	Number of IDP families that receive communal shelter shading kits	3,000 (approx. 18,000 individuals)	3,000
Indicator 4.3	Percentage of targeted households that are satisfied with provision of communal shelter shading kits as measured through Post-Distribution Monitoring (PDM) (Based on 300 surveyed families out of 3,000)	80%	80%
Output 4 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 4.1	Vulnerability assessment and beneficiary selection	IOM	IOM
Activity 4.2	Contracting of company	IOM	IOM
Activity 4.3	Installation of communal shading kits	IOM	IOM
Activity 4.4	Post-Distribution Monitoring activities carried out with shelter beneficiaries	IOM	IOM

12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:

UNHCR established four new camps, each with a capacity of 250 tents, responding to the complex emergency shelter and NFI needs of the 1,000 most vulnerable IDP families (some 6,000 individuals). Funding also allowed UNHCR to distribute 7,000 NFI kits and hygiene kits for 7,000 families displaced from Fallujah and surrounding areas between June and September 2016.

IOM has reached all its targets, and there were no discrepancies between outcomes, outputs and activities. 3,000 family shelter kits, 30 communal shelter kits, and 4,300 Full NFI kits were distributed, as mentioned above. Between 15 October and 15 November, IOM distributed 30 communal shelter kits in Anbar Governorate. Twenty-five kits were distributed in Ameriyat Al Fallujah Camp in Fallujah, and five in Al Khalidiyah in Ramadi. During the same period, we distributed 1,711 (out of the total 3,000) communal shelter shading kits in Ameriyat Al Fallujah Camp, and 1,289 in Al Khalidiyah.

Between 3 September and 25 September, IOM distributed 4,300 Full NFI kits in Tikrit in Salah-al-Din Governorate. There was a change in the location of the distribution of NFI kits. As the Fallujah situation evolved, a significant portion of the population fleeing that city were displaced into Salah-al-Din. At the onset of the crisis, IOM had already distributed 9,000 NFI kits (secured with other funding) to displaced families from Fallujah within Anbar Governorate, and had covered the main NFI needs within the governorate. However, there was a huge NFI gap among Fallujah IDPs within Salah al-Din. Rather than oversaturating the NFI response within Anbar, IOM proposed to redirect 3,300 kits to Salah al-Din. In the end, IOM distributed all NFI kits in the Tikrit District of Salah al-Din Governorate. The remaining 1,000 kits, intended for Anbar Governorate in the event of any gaps or new displacement, were also shifted to Salah al-Din to cover the largely unmet needs there. With support from the Humanitarian Coordinator and the Shelter/NFI Cluster, IOM submitted a Reprogramming Request Form to change the implementation location, which was approved, but only after IOM had carried out its NFI response.

13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:

Based on assessments, IOM distributed kits fairly and equitably to reach both female- and male-headed households that ensured targeting the most vulnerable members of the community. IOM is conducting Post-Distribution Monitoring to ensure beneficiary satisfaction.

For UNHCR, verification of beneficiaries was done through a review of ID cards issued to IDPs by the Ministry of Migration and Displacement.

14. Evaluation: Has this project been evaluated or is an evaluation pending?

EVALUATION CARRIED OUT

IOM: IOM never planned an evaluation for this project, only standard monitoring through the distribution of follow-up forms to a sample of beneficiaries who received NFI/shelter assistance, which can be used to produce an evaluation report if required. This is IOM's standard operating procedure in all NFIs and shelter distributions.

EVALUATION PENDING

UNHCR: Technical review was conducted of construction sites, and UNHCR conducted regular post-distribution monitoring through mobile field teams, focus group discussions and telephone interviews selected through a random sampling method, alongside household visits. This monitoring served to confirm the quality of the items received, that families had indeed received the allocated assistance, and whether they had kept and were using the assistance.

NO EVALUATION PLANNED

TABLE 8: PROJECT RESULTS

TABLE 8: PROJECT RESULTS						
CERF project information						
1. Agency:	UNICEF		5. CERF grant period:	15/06/2016 – 14/12/2016		
2. CERF project code:	16-RR-CEF-082		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Water, Sanitation and Hygiene			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Emergency water, sanitation and hygiene interventions for persons displaced within Anbar due to recent military operations.					
7. Funding	a. Total funding requirements ¹⁴ :	US\$8,000,000	d. CERF funds forwarded to implementing partners:			
	b. Total funding received ¹⁵ :	US\$7,448,978.26	▪ NGO partners and Red Cross/Crescent:		US\$748,766.67	
	c. Amount received from CERF:	US\$3,000,494	▪ Government Partners:			
Beneficiaries						
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
Children (< 18)	41,250	33,750	75,000	54,692	44,748	99,440
Adults (≥ 18)	41,250	33,750	75,000	54,692	44,748	99,440
Total	82,500	67,500	150,000	109,384	89,496	198,880
8b. Beneficiary Profile						
Category	Number of people (Planned)		Number of people (Reached)			
Refugees						
IDPs	150,000		183,680			
Host population			6,200			
Other affected people			9,000			
Total (same as in 8a)	150,000		198,880			
<i>In case of significant discrepancy</i>	UNICEF reached 198,880 people, which is 48,880 people above the planned 150,000					

¹⁴ This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

¹⁵ This should include both funding received from CERF and from other donors.

<i>between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	beneficiaries. This was the result of fluctuating IDP populations and ongoing IDP movements during the project period. Under the water supply component (Output 1) of the CERF project, more than 178,000 individuals were provided with safe water; the remaining additional beneficiaries received either sanitation or hygiene services through this project. In addition to the Fallujah IDPs planned to receive the services provided by this project, CERF enabled UNICEF to respond to people previously displaced from Anbar who were forced to leave Kirkuk, where they had previously been hosted, and were received back at Tareq camp (Karama). Furthermore, eight per cent of the allocated CERF fund was utilized to cover needs of Anbar IDPs hosted in Salah al Din including in Al Alam camp, Silo Al Hajjaj, Al Qadissiya, Dream City and the Al Shuhada unfinished buildings in Tikrit.
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CERF Result Framework			
9. Project objective	Reduce mortality, morbidity and other effects of water-borne diseases through immediate and improved water, sanitation and hygiene services for the affected population.		
10. Outcome statement	Displaced children and families in the most vulnerable communities have improved and equitable access to and use of safe drinking water and sanitation, and improved hygiene behaviours		
11. Outputs			
Output 1	IDPs have timely access to sufficient, safe water for drinking, cooking and personal hygiene.		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Number of affected men, women, boys and girls with access to immediate, life-saving safe water supply	150,000 (55% female)	178,075 (55% female)
Indicator 1.2	Number of sets of bottled water distributed	200,000	200,000
Indicator 1.3	Number of water tanks installed	500	500
Indicator 1.4	Per cent of camps with functioning water system	60%	60% ¹⁶
Indicator 1.5	Number of satisfactory water tests	100%	100%
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Water trucking	UNICEF Long-term Agreements (LTA)	UNICEF LTA. INGO RIRP was engaged to cover additional need for water supply during the summer season
Activity 1.2	Distribution of sets of bottled water	UNICEF LTA	Procured through LTA (private

¹⁶ The original proposal specifies: Ameriyat Al Fallujah – Markazi camps; Ameriyat Al Fallujah – Bzeibiz camps; Habbaniya camps; Al Khalidiyah camps; ‘non-camp sites in Ameriyat Al Fallujah district as well as Fallujah sub-districts and outskirts such as Karama’. Of the locations per proposal, four are camp locations. By project close, three had functioning water systems as a result of the ‘Zamzam’ water supply projects described under section IV. CERF RESULTS AND ADDED VALUE. This is approximately 60 per cent of the original locations of the project proposal.

			supplier). Distributed by RIRP and through WSCs
Activity 1.3	Development and installation of water distribution points including water tanks, drilling boreholes and installing Reverse Osmosis (RO) units, developing water networks	Procured by UNICEF, Distributed by Rebuild Iraq Recruitment Program (RIRP)	Procured by UNICEF. Distributed by RIRP
Activity 1.4	Operation and maintenance of water system for IDP camps	UNICEF WASH Service centres	WSC partners including RIRP
Activity 1.5	Chlorination and Water Quality Monitoring	UNICEF WASH Service centres	WSC partners including RIRP
Output 2	IDPs have timely access to sufficient, safe excreta disposal and waste management facilities and services.		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	Number of functioning latrines installed	500	521
Indicator 2.2	Number of functioning showers installed	300	321
Indicator 2.3	Number of cleaning and maintenance campaigns for WASH facilities	100	100
Indicator 2.4	Number of garbage collection and disposal campaigns	60	60
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Installation of latrines	RIRP	RIRP
Activity 2.2	Installation of showers	RIRP	RIRP
Activity 2.3	Cleaning and maintenance of WASH facilities	RIRP	RIRP
Activity 2.4	Garbage collection and disposal campaigns	RIRP	RIRP
Output 3	IDPs have timely access to critical hygiene items and information.		
Output 3 Indicators	Description	Target	Reached
Indicator 3.1	Quantity of Hygiene kits distributed twice within timeframe of six months	50,000	50,000
Indicator 3.2	Quantity of jerry cans, plastic bags and buckets distributed	50,000	50,000
Indicator 3.3	Number of households reached with hygiene promotion messages	25,000	25,000
Output 3 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 3.1	Distribution of Hygiene kits	Procured by UNICEF, Distributed by RIRP	Procured by UNICEF Distributed by WSC partners incl. RIRP

Activity 3.2	Distribution of plastic bags, buckets and toilet jars	Procured by UNICEF, Distributed by RIRP	Procured by UNICEF Distributed by WSC partners incl. RIRP
Activity 3.3	Production and dissemination of key public messages on hygiene-awareness raising	Procured by UNICEF, Distributed by RIRP	Distributed by WSC partners incl. RIRP

12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:

The number of IDPs rose from 150,000 (planned) to 198,880 as result of the ongoing population movements during the lifespan of the project. The number of IDPs increased during the implementation period; specifically, in addition to the Fallujah caseload, IDPs started fleeing from western area of Anbar and were received in Kilo 18; while Anbar IDPs being hosted in Kirkuk were forced to return to Anbar (Fallujah and Ramadi) and, at the same time, IDPs started fleeing more northerly towards Salah al-Din, specifically moving to Tikrit.

13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:

The UNICEF-led WASH Service Centre (WSC) initiative works through mainly local NGO partners, in some cases with staff from the IDP population. Throughout 2016, the initiative expanded to a network of 12 WSCs, each covering specific geographic areas in conflict- and displacement-affected governorates, facilitating a stronger feedback and complaints system for IDPs on services provided. This mechanism has significantly enhanced UNICEF's capacity to involve, and to be accountable to, affected populations in Iraq.

14. Evaluation: Has this project been evaluated or is an evaluation pending?

EVALUATION CARRIED OUT

There is no formal evaluation planned at this time, as operational exigencies of the situation do not allow for one. Emergency response is ongoing, and active violence continuing in western and northern Iraq is causing large-scale population movement from northern Ninewa.

EVALUATION PENDING

NO EVALUATION PLANNED

ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/Sector	Agency	Partner Type	Total CERF Funds Transferred to Partner US\$
16-RR-CEF-082	Water, Sanitation and Hygiene	UNICEF	INGO	\$748,767
16-RR-HCR-029	Camp Management	UNHCR	INGO	\$600,000
16-RR-HCR-030	Protection	UNHCR	INGO	\$600,011
16-RR-WHO-033	Health	WHO	GOV	\$204,111
16-RR-WHO-033	Health	WHO	GOV	\$133,013
16-RR-WHO-033	Health	WHO	NNGO	\$231,912
16-RR-WHO-033	Health	WHO	NNGO	\$231,294
16-RR-WHO-033	Health	WHO	NNGO	\$204,266
16-RR-WHO-033	Health	WHO	NNGO	\$334,117
16-RR-WHO-033	Health	WHO	NNGO	\$217,800
16-RR-WHO-033	Health	WHO	NNGO	\$371,000
16-RR-WHO-033	Health	WHO	NNGO	\$75,000
16-RR-WHO-033	Health	WHO	RedC	\$29,064
16-RR-FPA-032	Health	UNFPA	NNGO	\$130,722
16-RR-FPA-032	Health	UNFPA	NNGO	\$85,887
16-RR-FPA-033	Gender-Based Violence	UNFPA	NNGO	\$72,720
16-RR-FPA-033	Gender-Based Violence	UNFPA	NNGO	\$167,431
16-RR-HCR-031	Shelter & NFI	UNHCR	NNGO	\$300,000
16-RR-HCR-031	Shelter & NFI	UNHCR	INGO	\$450,000
16-RR-HCR-031	Shelter & NFI	UNHCR	INGO	\$450,000

ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

AAP	Accountability to Affected Populations
AAR	After Action Review
AFKAR	Afkar Society for Relief and Development
BEmONC	Basic Emergency Obstetric and Newborn Care
CCCM	Camp Coordination and Camp Management
CEmONC	Comprehensive Emergency Obstetric and Newborn Care
CERF	Central Emergency Response Fund
CMR	Clinical Management of Rape
DARY	DARY Human Organization
DoH	Department of Health
DTM	Displacement Tracking Matrix
ECHO	European Civil Protection and Humanitarian Aid Operations
EPI	Extended Programme of Immunization
EWARN	Early Warning and Response Network
GBV	Gender-Based Violence
GoI	Government of Iraq
HCT	Humanitarian Country Team
HRP	Humanitarian Response Plan
ICCG	Inter-Cluster Coordination Group
IDPs	Internally Displaced Persons
IHPF	Iraq Humanitarian Pooled Fund
IOM	International Organization for Migration
IRC	International Rescue Committee
IRD	International Relief and Development
IRNA	Initial Rapid Needs Assessment
ISF	Iraqi Security Forces
ISHO	Iraqi Salvation Humanitarian Organization
ISIL	Islamic State of Iraq and the Levant
JF	Jannat Al Firdaws – national NGO
LTA	Long-Term Agreements
MISP	Minimum Initial Service Package
MODM	Ministry of Displacement and Migration
MoH	Ministry of Health
NFI	Non-Food Items
NGO	Non-Governmental Organization
OCHA	Office for the Coordination of Humanitarian Affairs
OFDA	Office of U.S. Foreign Disaster Assistance
PDM	Post-Distribution Monitoring
PHC	Primary Health Care
PHCC	Primary Health Care Center
RIRP	Rebuild Iraq Recruitment Program – international NGO
RH	Reproductive Health
RPA	Rapid Protection Assessment
Sabe' Sanabul	Sabe' Sanabul Organization for Relief and Development
UIMS	United Iraqi Medical Society for Relief and Development
UNCT	United Nations Country Team

UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children Fund
WASH	Water, Sanitation and Hygiene
WHO	World Health Organization
WSC	WASH Service Center